

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stevensville</u> <sup>Town</sup>		<u>Q. A.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u> <sup>Month</sup> <u>April</u> <sup>Day</sup> <u>27</u> <sup>Years</sup> <u>48</u>		Age <u>48</u>		Months <u>      </u> Days <u>      </u>	
Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>Calvert Co. Md.</u>	
Occupation <u>Farmer Land</u>		Where Residing if not at place of death <u>Stevensville, Md.</u>			
<del>Married, Single</del> <del>or Widowed</del>		<del>Name of Wife or</del> <del>Husband</del>			
Father's Name <u>Joseph B. Brown</u>		Father's Birthplace <u>Calvert Co. Md.</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving Information <u>Chas. Freeland</u>		How related to deceased <u>Cousin</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Gall Stones</u>	How long <u>unknown</u>
Immediate <u>Rupture of Gall Bladder</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. Percy Kemp</u>
	Address <u>Stevensville, Md.</u>
<del>Accident or Suicide</del>	



Name  
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CERTIFICATE OF DEATH

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NEAREST FRIEND

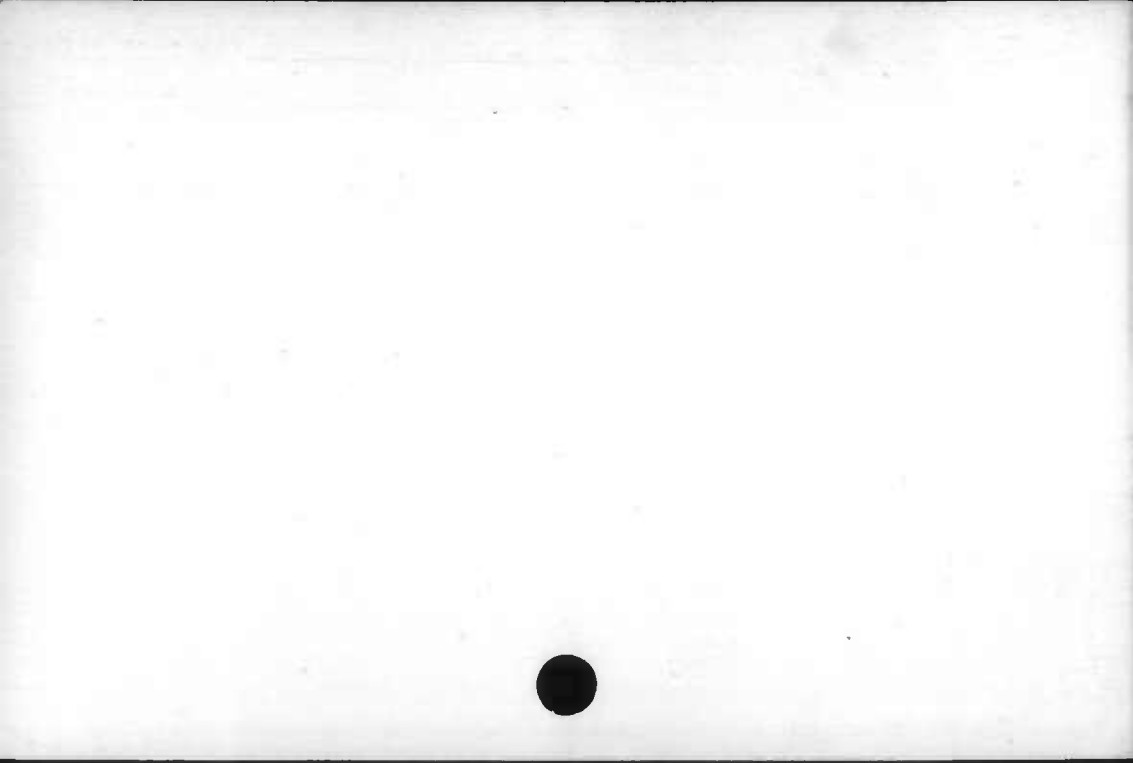
\* Child Brown

Died at <i>Near Ingheside</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death	1909	Month	April	Day	27	Age	Three
Sex	Not Known	Color or Race	Black	Birth-place	Ind	Months	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Not Known		Father's Birthplace		Not Known	
Mother's Maiden Name		Annie Brown		Mother's Birthplace		Ind	
Name of person giving Information		Mat Hall		How related to deceased		Uncle	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature</i>	How long	<i>8</i>
Immediate	<i>No Physician</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>R H Phillips Sub Reg</i>	
		Address	
		<i>Barclay Ind</i>	
Accident or Suicide			



Name

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## CERTIFICATE OF DEATH

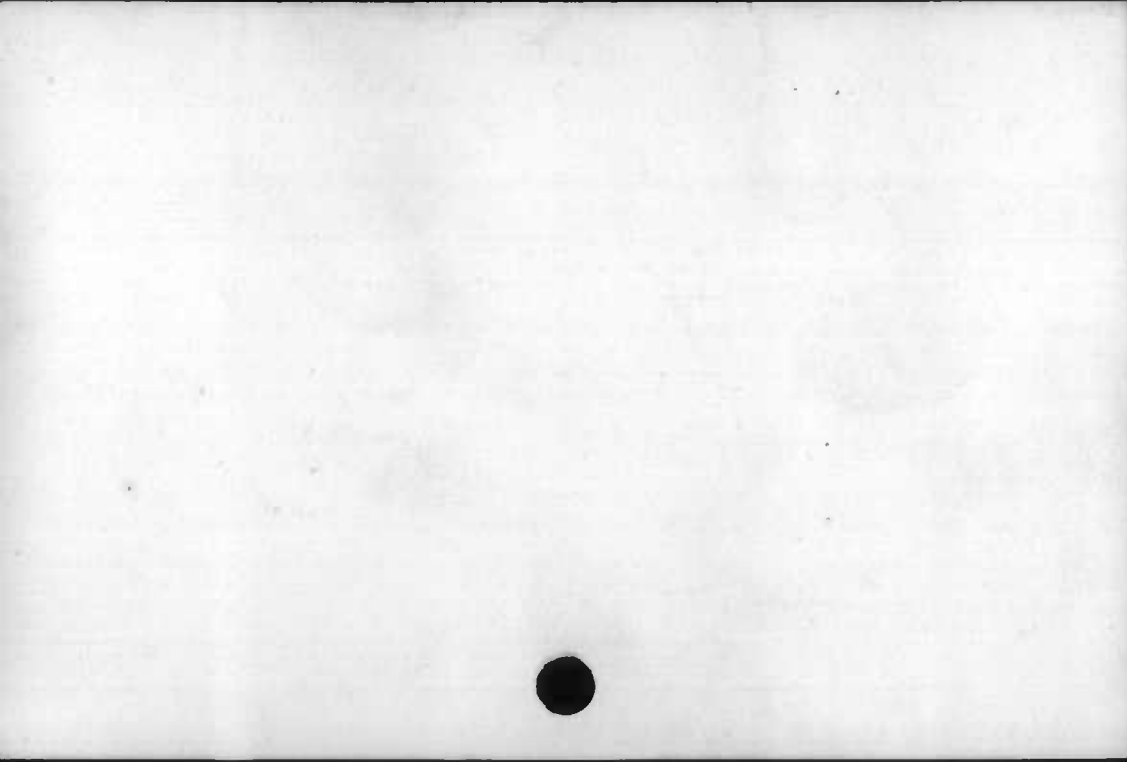
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Church Hills</i> <sup>Town</sup>		<i>Queen Anne's</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	April	Day	27
Sex	Male	Color or Race	Black	Age	77
Occupation	Labourer		Birth-place	Kent Co. Ind	
Married, single or Widowed		Where Residing if not at place of death			
married		at place of death			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	Lillie Cammille			How related to deceased	wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Injury to head from a tree falling on him 6 years	
Immediate	Paralysis	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	W. S. Cabbage M.D.	
Address	Church Hills Ind	
Accident or Suicide	<input checked="" type="checkbox"/>	



Name  
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Fannie E. Comegys

## CERTIFICATE OF DEATH

Died at <i>Centreville</i> <sup>Town</sup> <i>Queen Anne's</i> <sup>County</sup>		MARYLAND	
Date of death	Month	Day	Years
1909	April	8	20
Sex <i>Female</i>		Color or Race <i>Colored</i>	Birth-place <i>Centreville</i>
Occupation <i>Working &amp; Learning</i>		Where Residing if not at place of death <i>Centreville</i>	
Married Single or Widowed <i>Single</i>		Name of Wife or Husband	
Father's Name <i>Alex Comegys</i>		Father's Birthplace <i>Queen Anne's</i>	
Mother's Maiden Name <i>Maria Birds</i>		Mother's Birthplace <i>Centreville</i>	
Name of person giving information <i>Alex Comegys</i>		How related to deceased <i>Sister</i>	

## CAUSES OF DEATH

132

Primary	<i>Balpingitis</i>	How long	<i>4 weeks</i>
Immediate	<i>Peritonitis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. F. Smith</i>	
		Address	
		<i>Centreville Md.</i>	
Accident or Suicide?			
<i>No.</i>			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Annie Elizabeth Covington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

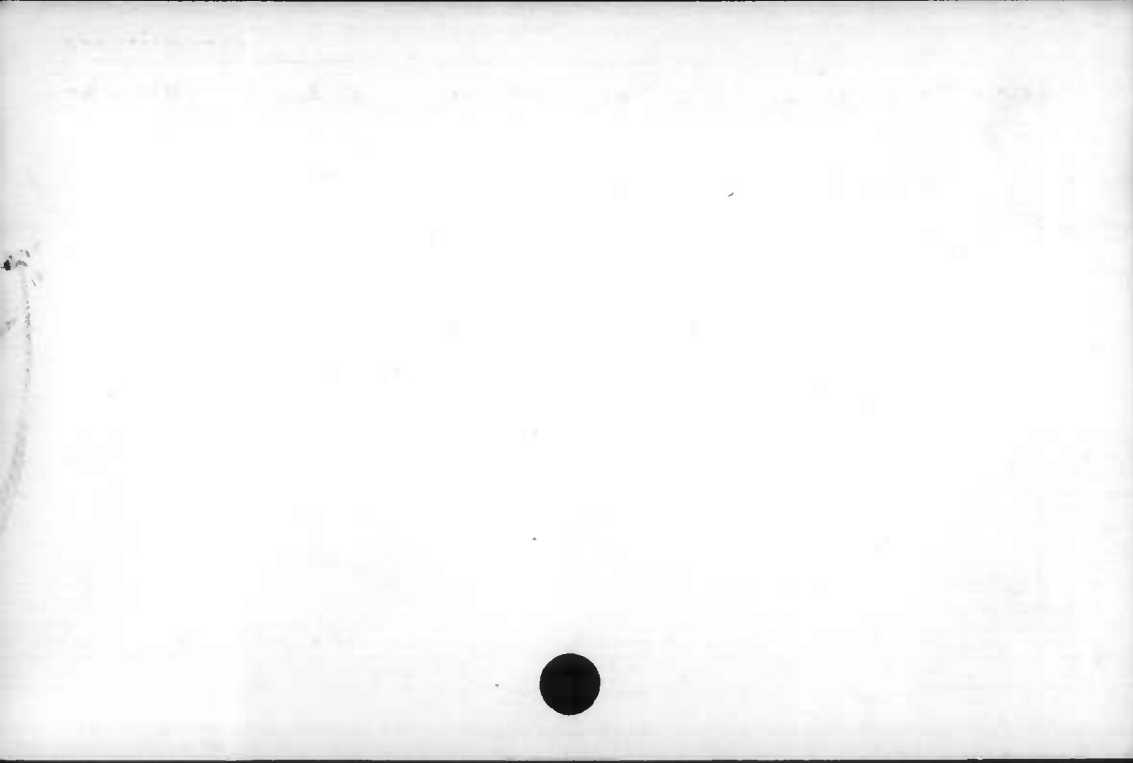
Died at		Town		County		MARYLAND	
near Centroville		Queen Anne					
Date of death	1909	Month	4	Day	17	Age	47
						Months	8
						Days	2
Sex	Female	Color or Race	White	Birth-place	Talbot Co. Md		
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband			
				Eberis J. Covington			
Father's Name	Samuel R. Chance			Father's Birthplace	Queen Anne Co		
Mother's Maiden Name	Alyria Jump			Mother's Birthplace	Caroline Co		
Name of person giving Information	Eberis J. Covington			How related to deceased	Husband		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	15 yrs
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	[Signature]
			Address	Cheshire Md
Accident or Suicide	No			



Name  
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*Sydia Cox*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wm O. Chertown</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1909	Month	<i>Apr</i>	Day	<i>2</i>
Age	<i>72</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Del</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>John Cox</i>			
Father's Name	<i>Benj. Reed</i>	Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name	<i>Unknown</i>	Mother's Birthplace <i>Unknown</i>			
Name of person giving Information	<i>John I Cox</i>	How related to deceased <i>Son</i>			

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of age</i>	How long	<i>Several yrs</i>
Immediate	<i>exhaustion &amp; cardiac failure</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. J. Simpson</i>	
		Address <i>Chertown Md</i>	
Accident or Suicide <i>No</i>			

11.7  
2  
Nicks

interment - Helena

Name  
in  
Full

## CERTIFICATE OF DEATH

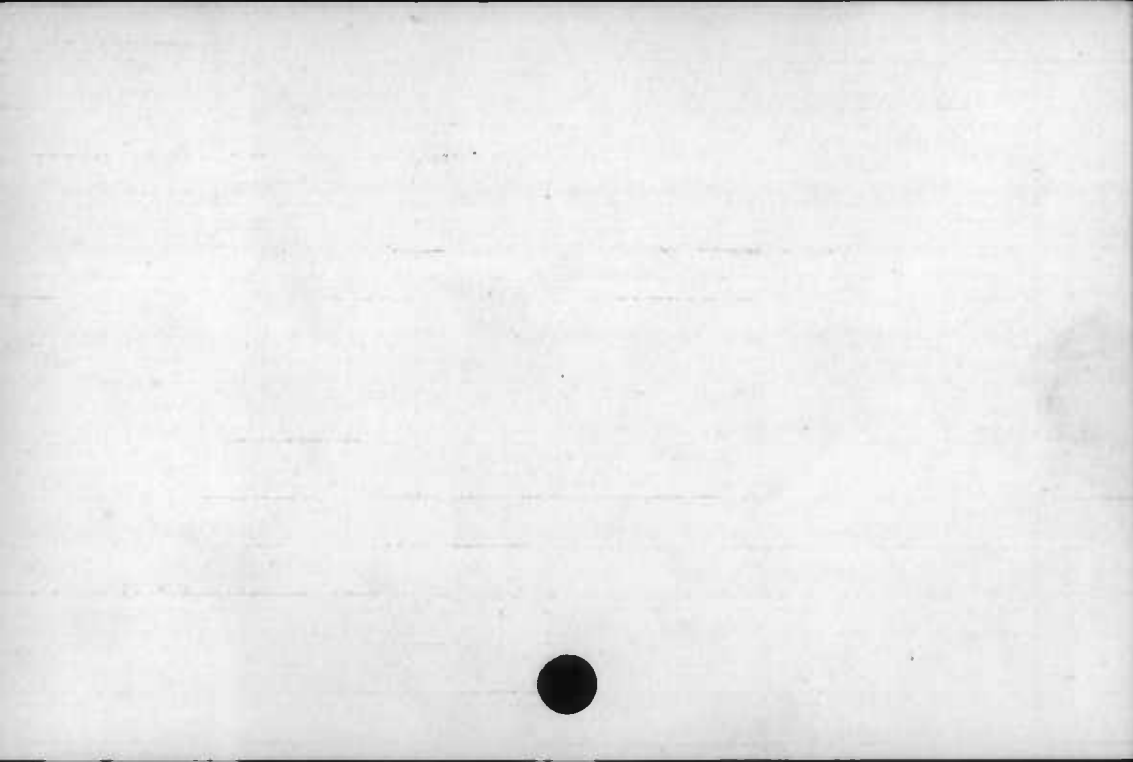
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stevensville</i>		Town <i>Stevensville</i>		County <i>Queen Anne</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>22</i>	Age <i>76</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Blk</i>	Birth-place <i>Queen Anne Co.</i>					
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>W. Annast Fisher</i>						
Father's Name <i>Adam Fisher</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Mary</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>J. Hines Fisher</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fell from timber wheels and wheels turning over on him</i>	How long
Immediate <i>and fracturing his skull</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. E. Hyde</i>
	Address <i>Stevensville</i>
Accident or Suicide? <i>Accident</i>	



Name  
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Mrs Susan E. Truempton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumherille</i>		Town <i>Cumherille</i>		County <i>Queen Anne's</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>6</i>	Age <i>66</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>At Place of death</i>						
Married, Single or Widowed <i>Married</i>	Name of Husband <i>Chas E. Truempton</i>						
Father's Name <i>Joseph Marshall</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Mary Marshall</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Chas E. Truempton</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

92

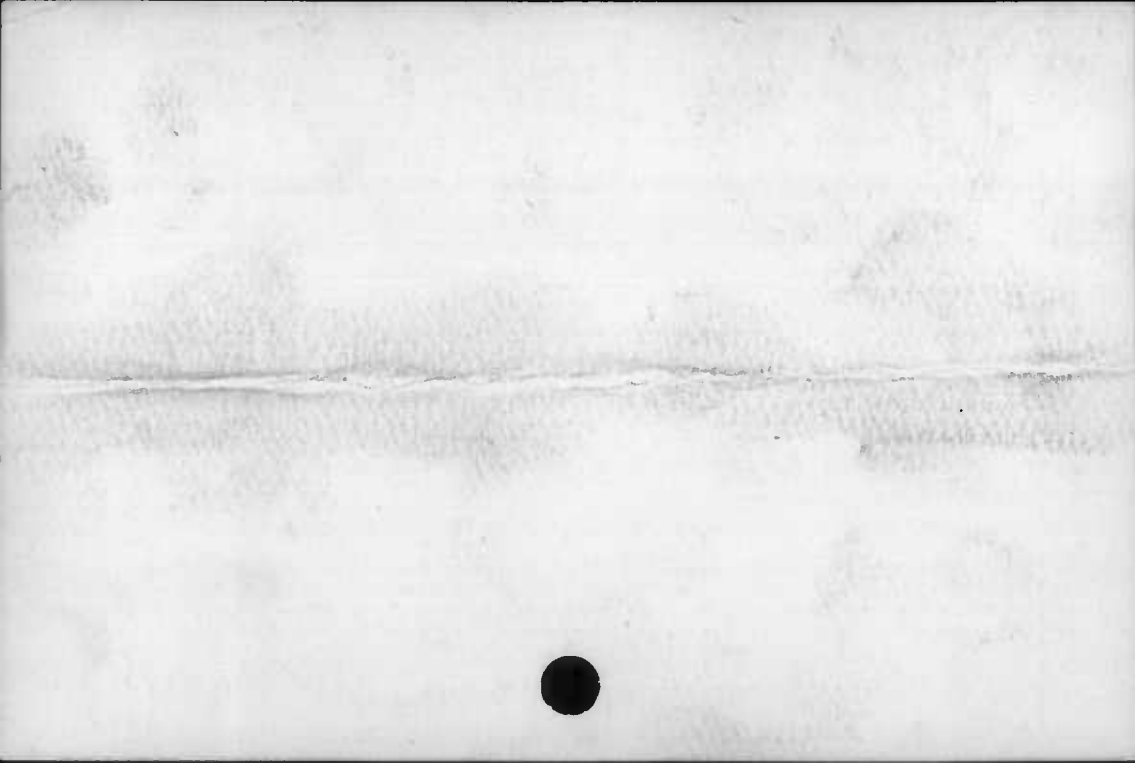
PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. G. Truempton</i>
	Address <i>Cumherille</i>
Accident or Suicide? <i>no</i>	<i>ms</i>





Name in Full		MARGARETT ANN FRISKY						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died	Near Church Hill		Deer Creek		County		MARYLAND		
	Date of death	1907	April	27	Age	61	Months	4	Days	14
	Sex	Female		Color or Race	Black		Birth place	Queen Anne's Co. Md		
	Occupation	Housework		Where Residing if not at place of death		At place of death				
	Married, Single or Widowed	Widow		Name of Wife or Husband		John Frisky				
	Father's Name	Henry Blasse		Father's Birthplace		L. & C. Md				
	Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown				
Name of person giving information	William C Frisky		How related to deceased		Son					
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Chronic nephritis & Dropsy				How long	8 weeks			
	Immediate	Asthma and Dropsy				How long	10 days			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. C. Cappel			
					Address		Church Hill			
	Accident or Suicide?						Died			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Stevensville <sup>Town</sup> Queen Anne <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> April <sup>Day</sup> 17 <sup>Years</sup> Age 74 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race Colored Birth-place Box 6 Md

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed widow Name of Wife or Husband Jacob Gilbert

Father's Name Don't Know Father's Birthplace Unknown

Mother's Maiden Name Don't Know Mother's Birthplace Unknown

Name of person giving Information Jno W Dixon How related to deceased Son-in-law

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

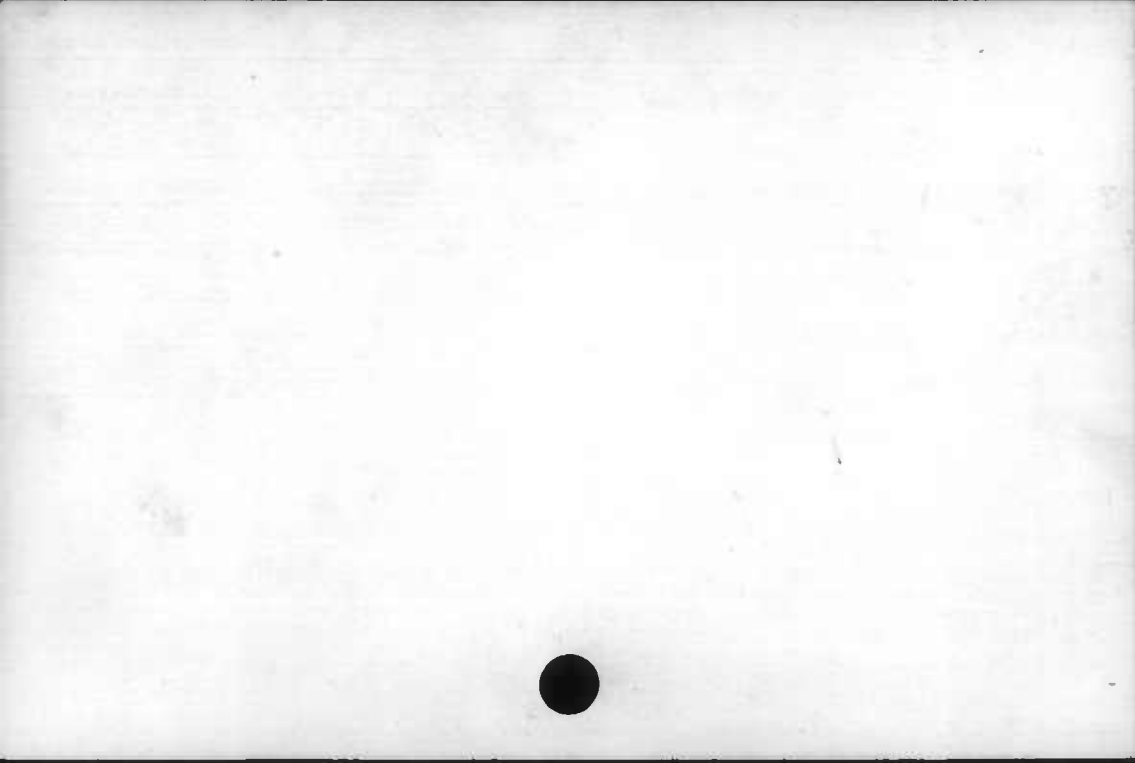
Primary Age How long —

Immediate Debility + Exhaustion How long Gradual

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician Wm J. Henry

Address Stevensville Md

Accident or Suicidal No



Name  
in  
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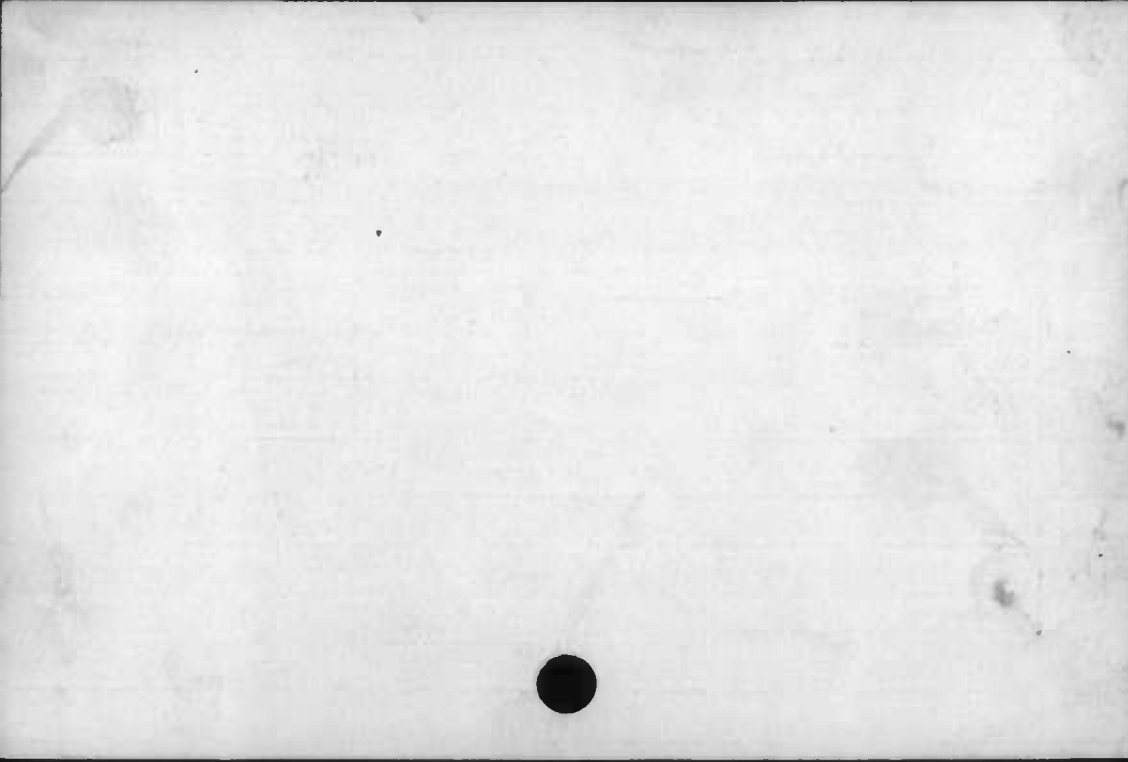
Name in Full <i>J. Lockerman Goldsboro</i>		Town <i>Queensstown</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Queensstown</i>		Month <i>April</i>		Day <i>12th</i>		Years <i>71</i>	
Date of death <i>1909</i>		Months <i>4</i>		Days <i>18</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Centreville, Md.</i>			
Occupation <i>Justice of the Peace</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mary C. Goldsboro</i>					
Father's Name <i>Dr. Robt. Goldsboro</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Elizabeth</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mary C. Goldsboro</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long <i>one hour</i>
Immediate <i>Cardiac Failure</i>	How long <i>5-Minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Chaires</i>
	Address <i>Queensstown, Md.</i>
Accident or Suicide?	



Name  
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Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

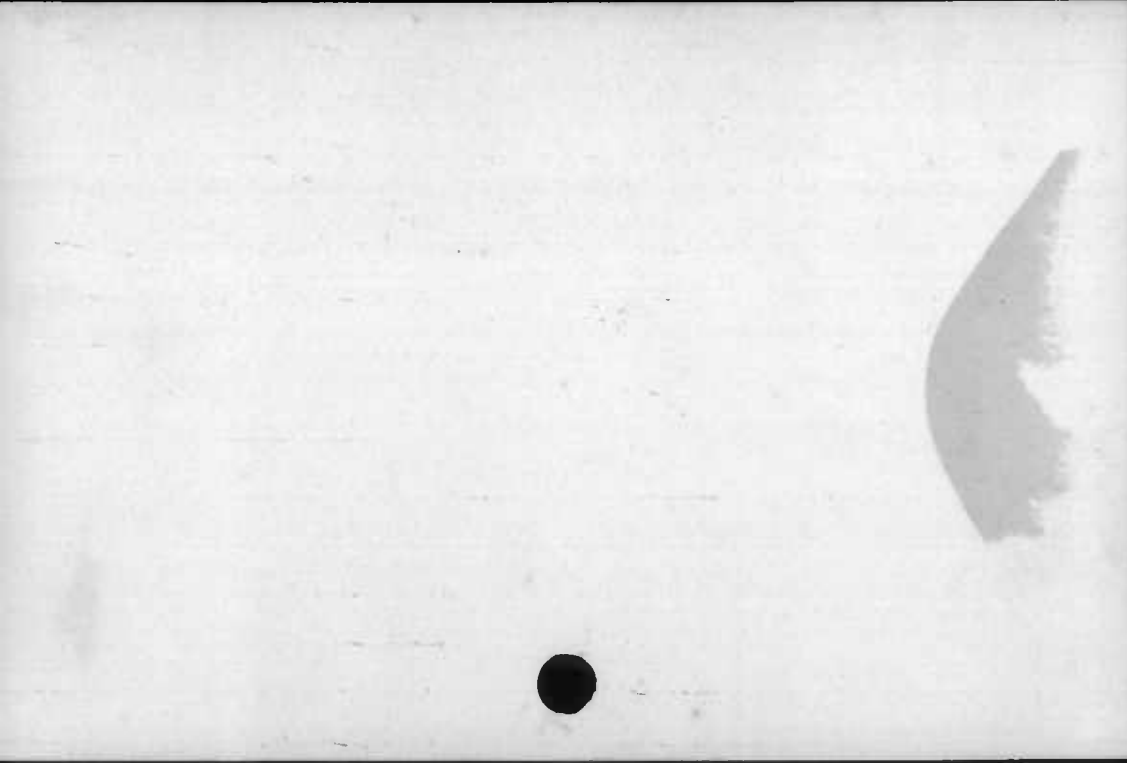
Name John Medford Jump		Town Newburyville		County Trenton		State Maryland	
Died at Newburyville		Date of death 1909		Month 4		Day 13	
Sex male		Color or Race Caucasian		Age Years 8		Months 23	
Occupation nursing		Birth- place Newburyville Md		Where Residing if not at place of death Place of death			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Harry Jump				Father's Birthplace Trenton New Jersey			
Mother's Maiden Name Elma Barber				Mother's Birthplace Trenton New Jersey			
Name of person giving information Harry Jump				How related to deceased Father			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary Broncho-Pneumonia		How long 5 days	
Immediate cardiac Paralysis		How long 1 hour	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. M. Crandall MD	
Address Newburyville Md		Address Newburyville Md	
Accident or Suicide? no			





Name  
in  
Full

Still Born

Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died *near Church Hill* *Green* County

MARYLAND

Date of death *1909* *April* *24* Age *24* Years Months Days

Sex *male* Color or Race *Black* Birth-place *near Church Hill*

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Mary Ella Lewis* Mother's Birthplace *Green*

Name of person giving information *James H. Lewis* How related to deceased *Grandfather*

CAUSES OF DEATH

*2*

PHYSICIAN  
OR CORONER

Primary *Still Born* How long \_\_\_\_\_

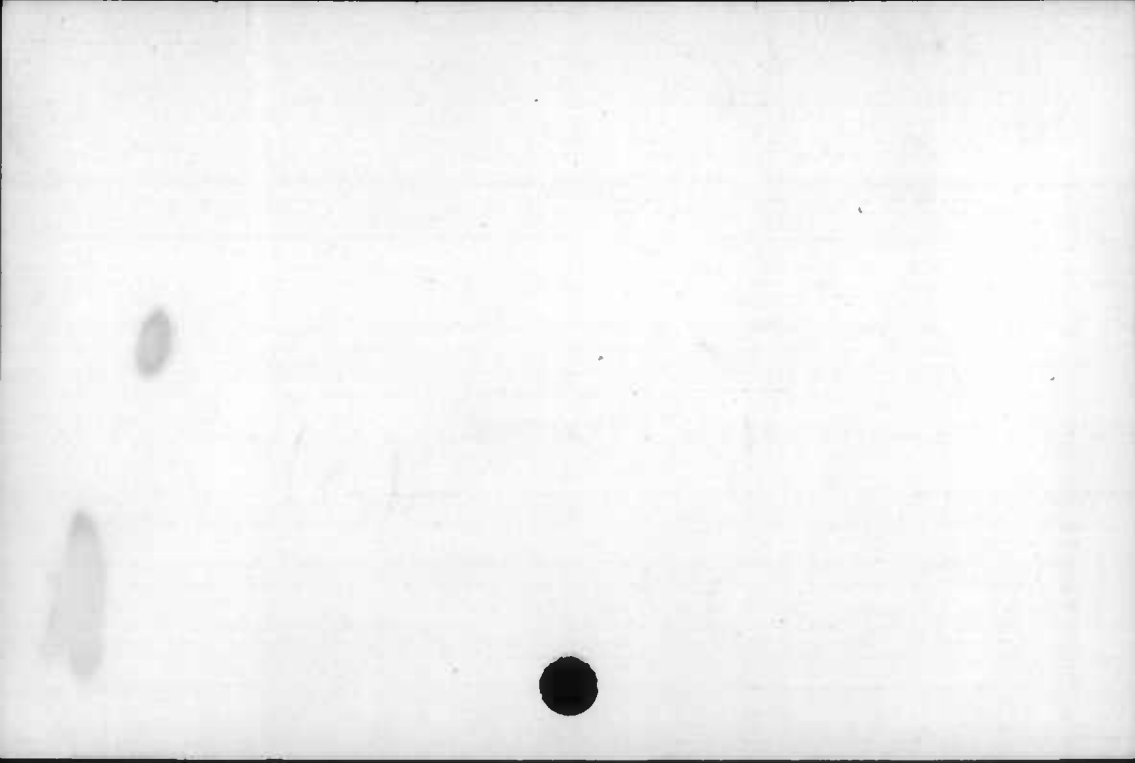
Immediate *Still Born* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Coppog*

Address *Church Hill*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

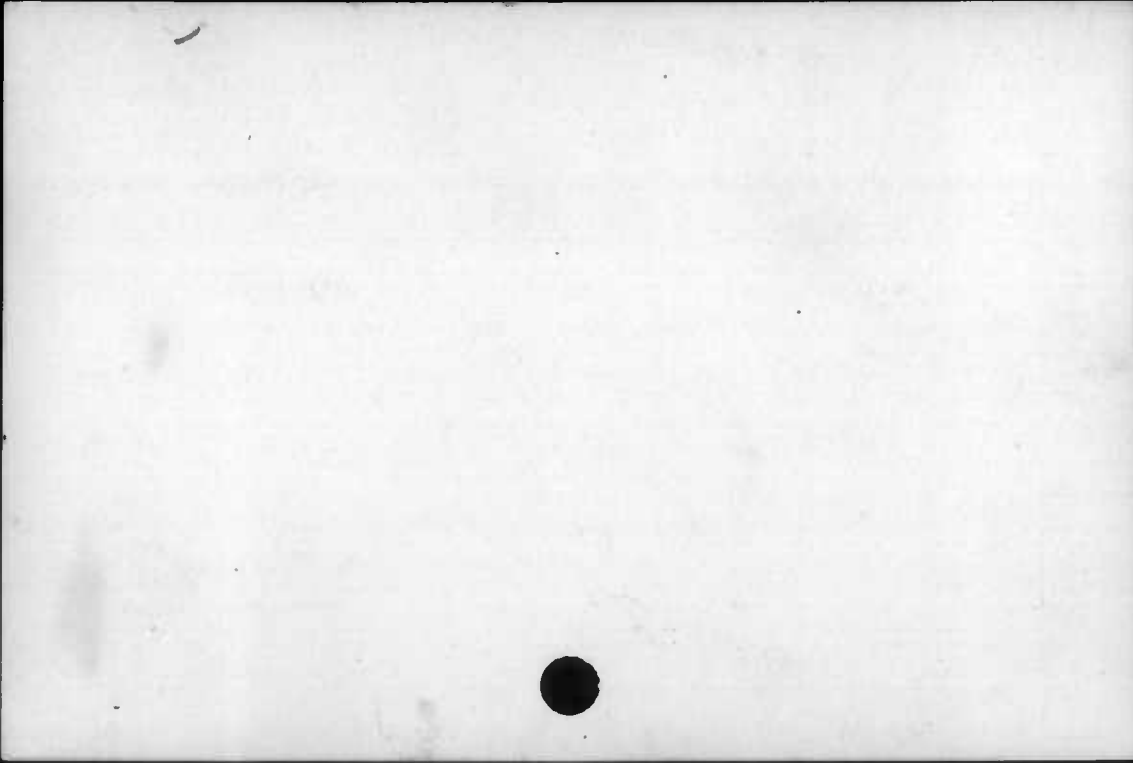
Name in Full <i>Silas E. Myers</i>		County <i>Anne</i>		MARYLAND	
Died at <i>near Barclay</i>		Month <i>4</i>		Day <i>14</i>	
Date of death <i>1904</i>		Years <i>70</i>		Months <i>-</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md-</i>	
Occupation <i>Ditch-digger</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Sarah E. Myers</i>			
Father's Name <i>Has Myers</i>		Father's Birthplace <i>Md-</i>			
Mother's Maiden Name <i>Sarah Ann</i>		Mother's Birthplace <i>South Carolina</i>			
Name of person giving information <i>Sarah E. Myers</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>4 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. C. Smith, Phys. to Coroner</i>	
		Address <i>Empire State Bldg</i>	
Accident or Suicide?		<i>S. C. Faulkner act Cor</i>	



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Agness L. Phifer*

Town *Haydel* County *Brown Anne Co* **MARYLAND**

Died at *Haydel*

Date of death 190 *9* Month *4* Day *23* Age *82* Years Months *10* Days *3*

Sex *Female* Color or Race *White* Birth-place *Lysie Del.*

Occupation *None* Where Residing if not at place of death *Place of death*

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry S. Phifer*

Father's Name *John Bassett* Father's Birthplace *Del*

Mother's Maiden Name *Sarah Ann Bennett* Mother's Birthplace *Del*

Name of person giving Information *Lutlow Gafford* How related to deceased *Son in Law*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *10 days*

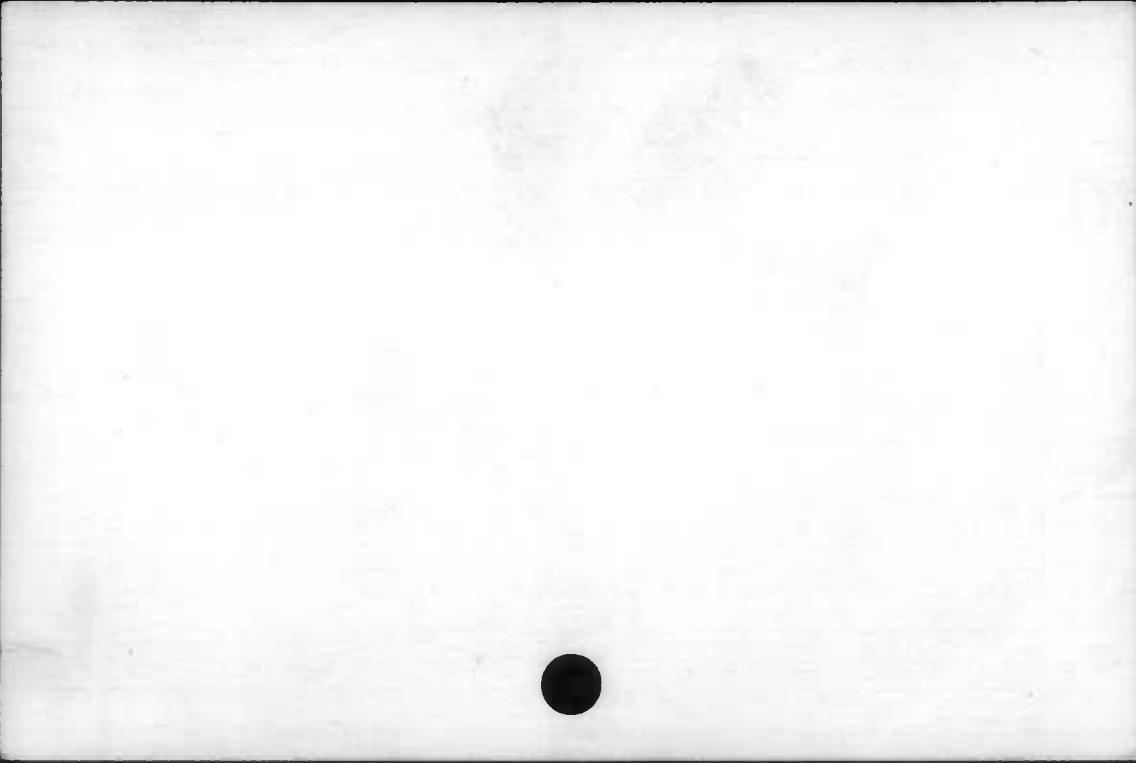
Immediate *Cardiac Exhaustion* How long *2 "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Montrose H. Williams*

Address *Williams*

Accident or Suicide *no*



Name  
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Full

Ovelon Porter

## CERTIFICATE OF DEATH

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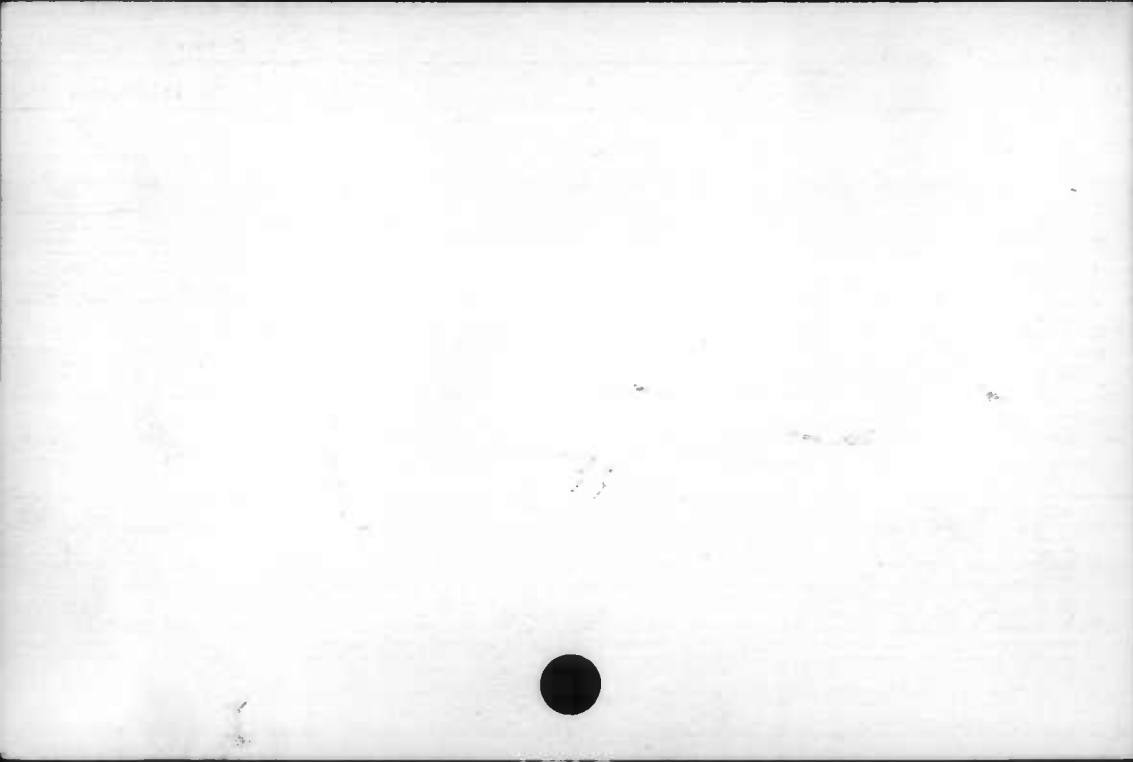
Died at <i>near</i> <i>Lucens Town</i> Town		County <i>Lucens Annies</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>April</i>	Day <i>16</i>	Age <i>23</i>	Months <i>9</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>North East-Cee Co</i>		
Occupation <i>house wife</i>			Where Residing if not at place of death <i>near Lucens Town</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Vernan Porter</i>				
Father's Name <i>Edward Alexander</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>Ida Bryan</i>	Mother's Birthplace <i>not known</i>				
Name of person giving Information <i>Vernan Porter</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

27

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>6 mo.</i>
Immediate	<i>Respiratory Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. [Signature]</i>	
		Address	
		<i>St. Michaels Md.</i>	
Accident or Suicide			
<i>No</i>			

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Virginia Louise Porter*

Died at *near Centreville* <sup>Town</sup> *Queen Anne's* <sup>County</sup> **MARYLAND**

Date of death *Apr 22* <sup>Month</sup> *April* <sup>Day</sup> *22* <sup>Years</sup> *no* <sup>Months</sup> *one* <sup>Days</sup> *16*

Sex *Feminine* Color or Race *White* Birth-place *Queen Anne's County*

Occupation *none* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *no*

Father's Name *Graham Porter* Father's Birthplace *D. C. - Ind*

Mother's Maiden Name *Allie Murphy* Mother's Birthplace *D. C. - Ind*

Name of person giving information *Graham Porter* How related to deceased *Father*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Doubt Pneumonia* How long *6 days*

Immediate *Toxemia* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James W. ...*

Address *Centreville*

Accident or Suicide? *no*



Name  
in  
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James H. Seenev

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ruthsburg</i> <small>Town</small>		<i>Queen Anne Co</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>April</i> <small>Month</small>	<i>11</i> <small>Day</small>	Age <i>about 73</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mollie Fisher</i>				
Father's Name <i>James Seenev</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Not known</i>		
Name of person giving information <i>Daniel Seenev</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis (due to exposure)</i>	How long <i>One month and 7 days</i>
Immediate <i>General Debility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walter H. Farby</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>neither</i>	<i>R.R. No. 4., Maryland</i>



Name  
in  
Full

Yellie C. Sparks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

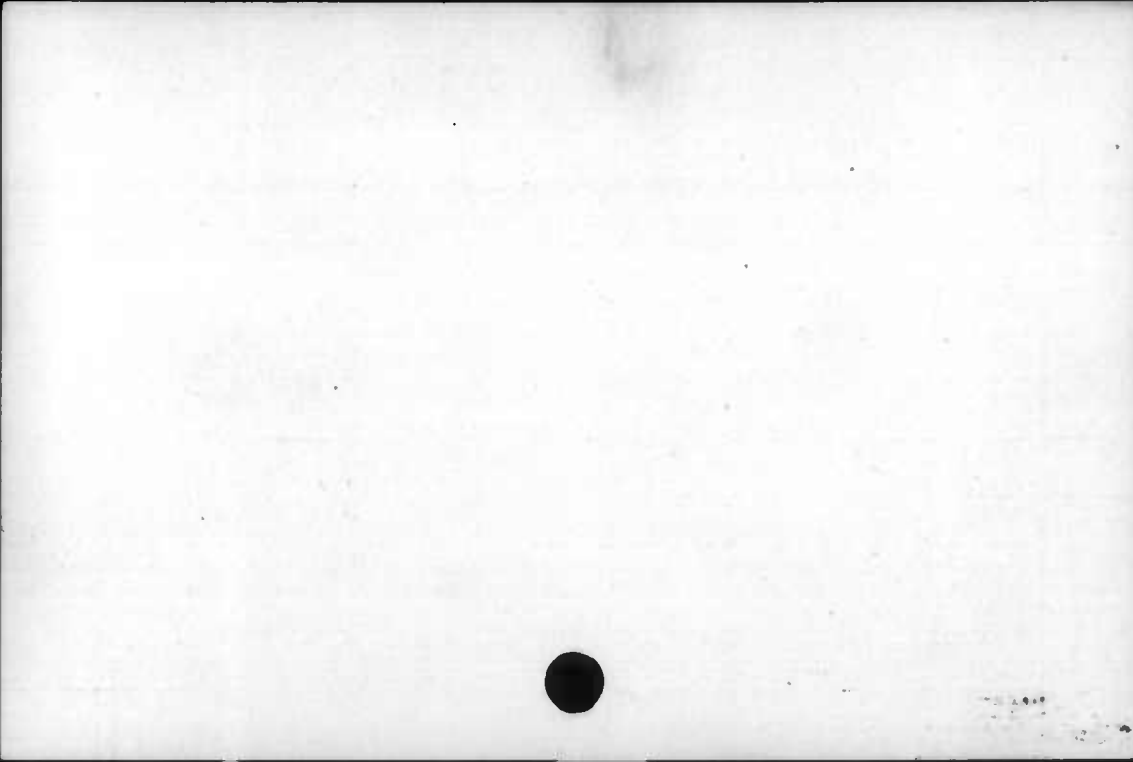
Died at Year <u>1909</u> Town <u>Centerville</u> County <u>Calhoun</u>		State <u>MD</u>	
Date of death	Month <u>April</u>	Day <u>14</u>	Age <u>5</u> Years
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Centerville</u>	Months <u>—</u> Days <u>20</u>
Occupation <u>Had none</u>	Where Residing if not at place of death <u>Year Centerville</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Chas. W. Sparks</u>	Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Yellie Walter</u>	Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Yellie Walter</u>	How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	<u>Drowning</u>	How long	<u>—</u>
Immediate	<u>Suffocation</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. F. Smith</u>
		Address	<u>Centerville</u>
Accident or Suicide?	<u>Accident</u>		<u>MD.</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

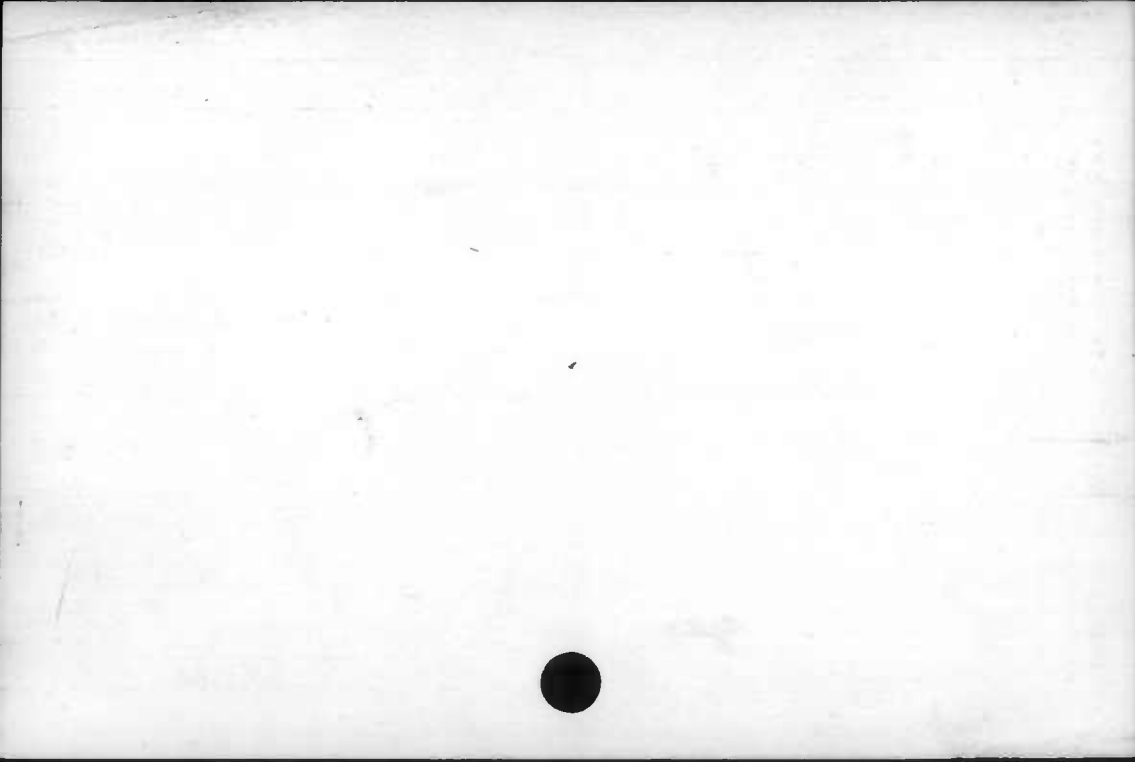
Name in Full <i>Karriet Ann Stansbury</i>		Town <i>Stevensville</i>		County <i>Queen Anne</i>		State <i>MARYLAND</i>	
Died at <i>Stevensville</i>		Month <i>9</i>		Day <i>9</i>		Years <i>79</i>	
Date of death <i>1909</i>		Month <i>4</i>		Day <i>9</i>		Years <i>79</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Kent D.</i>		Age <i>79</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>" "</i>		Months <i>11</i>		Days <i>15</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Chas. Stansbury</i>		Father's Name <i>Harry Wilson</i>		Father's Birthplace <i>Kent D.</i>	
Mother's Maiden Name <i>Susie Wilson</i>		How related to deceased <i>Son</i>		Mother's Birthplace <i>Kent D.</i>		Name of person giving Information <i>Caleb Stansbury</i>	

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Henry</i>
Accident or Suicide <i>no</i>	Address <i>Stevensville Md</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

James Trade Teat

Town

County

Died at *Wye river**Queen annus*

MARYLAND

Date of death *1909*

Month

Day

Years

Months

Days

*9**Apr**9*

Age

*38*

Sex

*Male*Color or  
Race*Ballard*Birth-  
place*Queen annus*

Occupation

*Laborer*Where Residing if not  
at place of death*71st District*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Husband*Father's  
Name*Wm Teat*Father's  
BirthplaceMother's  
Maiden Name*Mary Carter*Mother's  
BirthplaceName of person giving  
In formation*John R. Conyer*How related  
to deceased*no*

## CAUSES OF DEATH

*172*

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Chas O. Coursey co*

Address

*Hands Store*

Accident or Suicide?

*accident**md*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Jacob Cummings Weeks.** **Chester** **Green Anne** **MARYLAND**

Died at **Chester** **Green Anne** **MARYLAND**

Date of death 1909 **April** **16** Age **21** Months **6** Days **15**

Sex **Male** Color or Race **Black** Birth-place **Kent Co.**

Occupation **Oysterman** Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed **Married** Name of Wife or Husband **Grace Weeks**

Father's Name **John Wm Weeks** Father's Birthplace **Kent Co.**

Mother's Maiden Name **Frene Wright** Mother's Birthplace **" "**

Name of person giving Information **Jno Weeks** How related to deceased **Father**

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary **Tuberculosis** How long \_\_\_\_\_

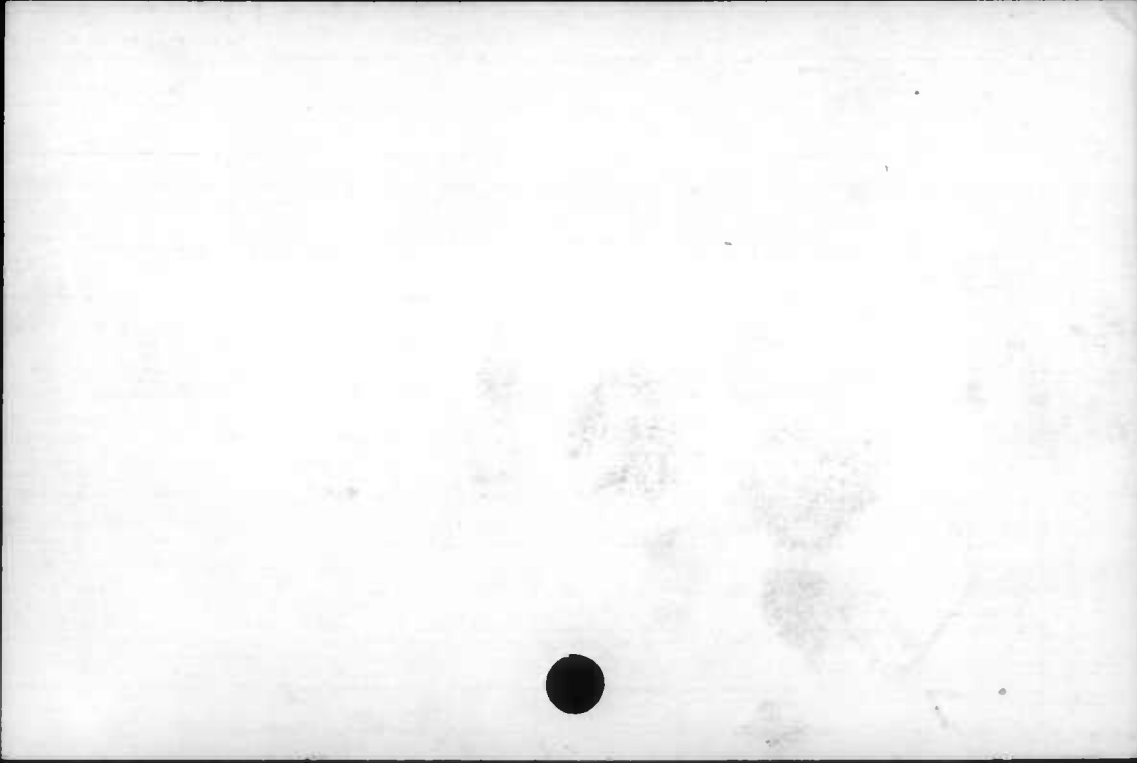
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician **D. Chas. E. Fryder**

Address **Stevenson**

Accident or Suicide ☐



Name in Full		Charles C. Wilson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Brown's Corner		County		Queen Anne's Co.	
	Date of death		1909	April	11th	Age	20	
	Sex		Male		Color or Race		Colored	
	Occupation		Farm hand		Birth-place		Brown's Corner	
	Where Residing if not at place of death		Brown's Corner					
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Thos. J. Wilson				Father's Birthplace	Brown's Corner
	Mother's Maiden Name		Mary J. Parsons				Mother's Birthplace	Wicomico Co.
Name of person giving information		William J. Wilson				How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Tuberculosis				How long	Two months
	Immediate		Prostration				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		A. S. Dudley			
			Address		Church Hill Maryland			
Accident or Suicide?								

